

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID N°	DATE
	R.H		3/12
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Dr	32	4/3
FORMALITY REVIEW	Dr	932	04-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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